## FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB 3060-0076
Est. time per response: 1 hour

## COMMON CARRIER ANNUAL EMPLOYMENT REPORT se read instructions before completing and for Notice reparding public but

SECTION 1 - General Information	tion			-	icase i cau	Li sease i sear in su novi on se soni premi Rumandi non su nonce i segarating panace paraesi. I	ole completi	ing and for No	nce regarding	public burde	Į.					
Name and Mailing Address of Respondent	of Respor	ndent														
New Florence Telephone Company PO Box 49 Oregon MO 64473	ohone (	Compa	ny											is a add	Check here if this is a change of address.	
2. Year Report Filed			3. Reporting	Reporting Period (Ending Date of Pay Period Covered by Report)	ng Date of Pa	у		4. Number o	Number of Full-Time Employees during Selected Reporting Period (check one):	nployees dur	ing Selected					
2018			1/27/2018	2018	oi ç			a. Fe	<ul> <li>a.  Fewer than 16 (complete Sections I, IV, and V only)</li> <li>b.  16 or more (complete all sections)</li> </ul>	complete Sec	tions I, IV, an	d V only)				
SECTION II - Full-Time Employees.	yees.															
								Num (Report emple	Number of Employees (Report employees in only one category)	yees one category						
Job									Race/Ethnicity							
Categories		Hispanic or	iic or						Not-Hispanic or Latino	c or Latino						Tota
		Launo	10			Male	ile					Female	ale			Colum A-N
	7	Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	
		>	В	С	D	ш	F	G	Η	-	ر	*	-	×	z	0
Executive/Senior Level Officials and Managers	_ :1			2						2						4
First/Mid-Level Officials and Managers	1.2															0
Professionals	2			1												_
Technicians	ఆ			1												_
Sales Workers	4															0
Administrative Support Workers	Si .									5						5
Craft Workers	6															0
Operatives	7															0
Laborers and Helpers	80															0
Service Workers	9			6												6
TOTAL	10	0	0	10	0	0	0	0	0	7	0	0	0	0	0	17
PREVIOUS YEAR TOTAL	1															0

05/01/2018   Wendy Ottman		SECTION V - Certification  I certify that to the best of my knowledge, information, and belief, all statements in this report are true and correct.	company before any body having competent jurisdiction in such matters during the calendar year covered by this report.  This is to advise the Commission that the following complaints alleging violations of the provisions of any equal employment opportunity statute have been filed against this company. (Attach a list indicating parties involved, date filed, courts or agencies before which the matter has been heard, file number or other designation, and current status or disposition.	This is to advise the Commission that no complaints regarding violations of the equal employment provisions of Federal, state, territorial, or local statutes have been filed against this	SECTION IV - Report of Discrimination Complaints Pursuant to 47 CFR 22.321, 23.55, 90.168, 101.4, and 101.311.	PREVIOUS YEAR TOTAL 11	TOTAL 10 0 0	Service Workers 9	Laborers and Helpers 8	Operatives 7	Craft Workers 6	Administrative Support  Workers  5	Sales Workers 4	Technicians 3	Professionals 2	First/Mid-Level Officials and 1.2	Executive/Senior Level Officials and Managers 1.1	> 8	Male Fer		Categories Hispanic or	Job	
	Person Signing	d belief, all stat	t jurisdiction in llowing compla filed, courts o	mplaints regard	ursuant to 47		1					_						0	Female White				
		ements in this re	such matters du nts alleging viol r agencies befor	ing violations of	CFR 22.321, 23		0											D	e Black or African American				
		eport are true ar	ring the calend ations of the pro re which the ma	f the equal emp	.55, 90.168, 101		0											Е	n Other Pacific Islander	~			
Signature	correct.	yment provision year covered issions of any	oyment provi	.4, and 101.3		0											F	Asian	Male				
2	emdu		ed by this rep y equal emplo heard, file nu	sions of Fede	311.		0											G	American Indian or Alaska Native				Nui (Report emp
1	9		ort. syment opport mber or other	ral, state, terri			0											I	Two or more races		Not-Hispa	Race/Ethnicity	Number of Employees (Report employees in only one category)
1	+		unity statute h	torial, or local			1					1						-	White		Not-Hispanic or Latino	¥	oyees
			lave been file and current st	statutes have			0											ر	Black or African American				8
Telephone No. (573) 835-4051		tutes have been filed against been filed against this comp current status or disposition.	been filed ag			0											×	Native Hawaiian or Other Pacific Islander	Fe				
		company.	ainst this			0											٦	Asian	Female				
							0											<	American Indian or Alaska Native				
							0											z	Two or more races				
						0	2	0	0	0	0	2	0	0	0	0	0	0		Columns A - N	Total		